

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Docket No. _____
ICC Office Use Only

FSH Communications, LLC)
Application for a Certificate of)
Authority to Operate as a Payphone Service)
Provider in the State of Illinois)

06-05916

**APPLICATION FOR CERTIFICATE TO BECOME A
PAYPHONE SERVICE PROVIDER**

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 20-0869547

FSH Communications, LLC

Address: 100 W. Monroe Street, Suite 2101

City: Chicago

State/Zip: Illinois 60603-1927

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange

_____X____ 13-404 Resale of Local and/or Interexchange
(Payphone Service Provider)

_____ ____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for
Local Exchange Telecommunications Carriers in the State of Illinois

_____ Section 735.180 Directories

_____ Other

FSH is requesting authority to operate as a Payphone Service Provider. A waiver of these Parts is not applicable for coin operated payphone application.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

Not applicable for coin operated payphone application.

5. In what area of the state does the Applicant propose to provide service?

FSH Communications, LLC ("FSH") seeks to provide payphone services throughout the state of Illinois pursuant to its contracts with property owners.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please see Attachment 1.

7. Please check type of organization?

☐ Individual ☐ Corporation
☐ Partnership ☐ Date Corporation was formed
In what state? _____
☒ X Other (LLC)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Please see Attachment 2.

9. List jurisdictions in which Applicant is offering service(s).

FSH is currently providing payphone services in the states of:
Alabama, Arizona, California, Colorado, Idaho, Iowa, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wisconsin, and Wyoming.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES ____X____ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ____X____ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____X____ YES _____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see Attachment 3.

15. List officers of Applicant.

Please see Attachment 4.

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES ____X____ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

FSH intends to provide coin payphone services in the state of Illinois and will not be billing customers for any telecommunications services. Alternately billed operator handled calls will be billed and carried by certified Operator Service Providers in the state of Illinois.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Complaints from end-user payphone customers on service and repair will be handled through FSH's Customer Care Center. The instruction card on the payphone notifies customers to call the Center for payphone questions (1-800-477-7211) and provides an address if customers choose to write (421 S.W. Oak Street, Room 240, Portland, OR 97204).

The instruction card on the payphone also provides 1-800 numbers for customers to call for Repair (1-800-234-4041) or Refunds (1-888-766-6045).

FSH's Customer Care Center is highly skilled in responding to customer issues and resolution to repair, complaint, or refund issues are generally provided for within a 48 - 72 hour timeframe. Issues not resolved by the Customer Care Center will be referred to our Director - Regulatory Affairs. The Customer Care Center will have the Illinois Commerce Commission's Department of Public Service number (1-800-524-0795) should a customer request it.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ X ☐ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

Please see response to Question No. 18 above.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

As a coin operated payphone provider, slamming and cramming are not issues relevant to FSH's operations. However, FSH will abide by all applicable slamming and cramming laws.

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Please see response to Question No. 21 above.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☐ YES ☐ NO (If no, please provide an explanation.)

FSH is requesting authority to operate as a Payphone Service Provider. Code Parts 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772 are not applicable to FSH as a provider of coin operated payphones.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ X ☐ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Attachment 5.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ____ YES ____ ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

FSH will subscribe to the Local Exchange Carrier or Competitive Local Exchange Carrier serving the geographical area in which the payphone is located for local dial tone. FSH will utilize its own pay telephone stations to connect to the dial tone line.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

FSH proposes to provide payphone services in the state of Illinois. Customers will be able to make local, intraLATA, interLATA, and international calls from our payphones. Calls may be placed with coins or alternately billed. Alternately billed calls will be provided by a certified Operator Services Provider in the state of Illinois.

28. Will technical personnel be available at all times to assist customers with service problems?

____ ☒ YES ____ NO

Customers may contact our Customer Care Center during normal working hours (6:00 am – 5:00 pm PST Mon-Fri) for assistance and to report service or repair issues. After hours and on holidays and weekends customers may leave a voice mail and our Customer Care Center will respond on the next working day.

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ____ ☒ YES ____ NO


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
County of Lake)ss

Michael L. Johnson makes oath and says that he is Executive Vice President
(Insert here the name of affiant) (Insert the official title of the affiant)

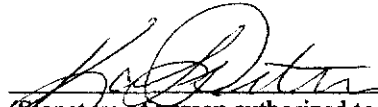
of FSH Communications, LLC
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/_____
(Title of person authorized to administer oaths)

in the State and County above named, this 28th day of August, 2006.


(Signature of person authorized to administer oath)

